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     (FILE 'HOME' ENTERED AT 13:07:10 ON 10 MAY 2000)

     FILE 'BIOSIS, MEDLINE, EMBASE, TOXLINE, TOXLIT' ENTERED AT 13:08:06 ON
10
     MAY 2000
L1          9199 S (HEMOLYTIC(W)UREMIC(W)SYNDROME) OR (HUS)
L2          2077 S L1 AND TREAT?
L3             1 S L2 AND (PROTEIN C)
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L4 ANSWER 1 OF 1107 TOXLIT
ACCESSION NUMBER: 2000:5288 TOXLIT
DOCUMENT NUMBER: CA-132-161232M
TITLE: Compounds, including saccharide compounds, for **treatment** of bacterial infections, and preparation thereof.
AUTHOR: Bundle DR; Kitov P; Read RJ; Ling H; Armstrong G
SOURCE: (2000). PCT Int. Appl. PATENT NO. 008467 02/17/2000 (The Governors of the University of Alberta). CODEN: PIXXD2.
PUB. COUNTRY: CANADA
DOCUMENT TYPE: Patent
FILE SEGMENT: CA
LANGUAGE: English
OTHER SOURCE: CA 132:161232
ENTRY MONTH: 200003
AB Compds. which bind to toxins assocd. with enteric bacterial infection, compns. including the compds., methods for the neutralization of toxins in a patient, and methods for the diagnosis of bacterial and viral infections are disclosed. Toxins which can be bound by the compds. include pentameric toxins, for example SLTs (shiga-like toxins), such as those from Salmonella, Campylobacter and other bacteria, verotoxins from E. coli, cholera toxin, Clostridium difficile toxins A and B, bacterial pili from enteropathogenic E. coli and enterotoxigenic E. coli and viral lectins, such as viral hemagglutinins. The compds. include a core mol. bound to a plurality of linker arms, which in turn are bound to a plurality of bridging moieties, which in turn are bound to at least one, and preferably, two or more ligands which bind to the toxin. Examples of suitable ligands include di- and for trisaccharide moieties. The di- or tri-saccharide moieties themselves are active in binding to the SLTs. The presence of a plurality of bridged dimers of the ligands is responsible for the increased binding affinity of the compds. relative to the ligands themselves. In one embodiment, the compds., when administered in a timely fashion to a patient suffering from enteric E. coli infection, inhibit progression of this infection into **hemolytic uremic syndrome** (**HUS**).

L4 ANSWER 2 OF 1107 EMBASE COPYRIGHT 2000 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2000090400 EMBASE
TITLE: Pediatric renal transplantation: A single centre experience.
AUTHOR: Van Damme-Lombaerts R.; Herman J.; Coosemans W.; Pirenne J.
CORPORATE SOURCE: Dr. R. Van Damme-Lombaerts, Pediatric Transplant Unit, University Hospital Gasthuisberg, Leuven 3000, Belgium
SOURCE: Transplantation Proceedings, (2000) 32/2 (436). Refs: 1
ISSN: 0041-1345 CODEN: TRPPA8
PUBLISHER IDENT.: S 0041-1345(00)00828-9
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 026 Immunology, Serology and Transplantation
028 Urology and Nephrology
035 Occupational Health and Industrial Medicine
037 Drug Literature Index
005 General Pathology and Pathological Anatomy

007 Pediatrics and Pediatric Surgery
LANGUAGE: English

L4 ANSWER 3 OF 1107 MEDLINE DUPLICATE 1
ACCESSION NUMBER: 2000165220 MEDLINE
DOCUMENT NUMBER: 20165220
TITLE: A new biological agent for **treatment** of Shiga toxigenic Escherichia coli infections and dysentery in humans [see comments].
COMMENT: Comment in: Nat Med 2000 Mar;6(3):257-8
AUTHOR: Paton A W; Morona R; Paton J C
CORPORATE SOURCE: Molecular Microbiology Unit, Women's and Children's Hospital, North Adelaide, S.A., 5006, Australia.
SOURCE: NATURE MEDICINE, (2000 Mar) 6 (3) 265-70.
Journal code: CG5. ISSN: 1078-8956.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200005
ENTRY WEEK: 20000504
AB Gastrointestinal disease caused by Shiga toxin-producing bacteria (such as
Escherichia coli O157:H7 and Shigella dysenteriae) is often complicated by
life-threatening toxin-induced systemic sequelae, including **hemolytic-uremic syndrome**. Such infections can
now be diagnosed very early in the course of the disease, but at present no effective therapeutic intervention is possible. Here, we constructed a recombinant bacterium that displayed a Shiga toxin receptor mimic on its surface, and it adsorbed and neutralized Shiga toxins with very high efficiency. Moreover, oral administration of the recombinant bacterium completely protected mice from challenge with an otherwise 100%-fatal dose
of Shiga toxigenic E. coli. Thus, the bacterium shows great promise as a 'probiotic' **treatment** for Shiga toxigenic E. coli infections and dysentery.

L4 ANSWER 4 OF 1107 EMBASE COPYRIGHT 2000 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2000093077 EMBASE
TITLE: **Hemolytic uremic syndrome** associated with influenza A Virus infection in an adullt renal allograft recipient: Case report and review of the literature.
AUTHOR: Asaka M.; Ishikawa I.; Nakazawa T.; Tomosugi N.; Yuri T.; Suzuki K.
CORPORATE SOURCE: Dr. M. Asaka, Division of Nephrology, Department of Internal Medicine, Kanazawa Medical University, 1-1 Daigaku, Uchinada, Kahoku, Ishikawa 920-0293, Japan. nephrol@kanazawa-med.ac.jp
SOURCE: Nephron, (2000) 84/3 (258-266).
Refs: 54
ISSN: 0028-2766 CODEN: NPRNAY
COUNTRY: Switzerland
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 004 Microbiology
026 Immunology, Serology and Transplantation
028 Urology and Nephrology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
AB **Hemolytic uremic syndrome** (**HUS**) is a rare but serious complication following renal transplantation. It usually develops early after transplantation, and ciclosporin **treatment** is the most common triggering factor. We report the case

of a 35-year-old male with posttransplant **HUS** which developed 1 year after renal transplantation. He became febrile 4 days before the onset of **HUS**, and the significant rise in viral titer confirmed the diagnosis of influenza A virus infection. The association of ciclosporin **treatment** with **HUS** was unlikely, because of the late onset of **HUS** and the low ciclosporin trough levels. The patient was **treated** successfully without a dose reduction of ciclosporin. An etiologic relationship between influenza A virus and **HUS** was highly probable in our patient. We also review a total of 156 adult cases with **HUS** after renal transplantation described in the literature. The prognosis of posttransplant **HUS** differs according to the cause. The advent of ciclosporin has improved the graft survival rate and mortality of patients with rejection-induced **HUS** . Copyright (C) 2000 S. Karger AG, Basel.

L4 ANSWER 5 OF 1107 EMBASE COPYRIGHT 2000 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2000099420 EMBASE
TITLE: Blocking bacterial enterotoxins.
AUTHOR: Donnelly J.J.; Rappuoli R.
CORPORATE SOURCE: J.J. Donnelly, Chiron Corporation, 4560 Horton St., Emeryville, CA 94608, United States
SOURCE: Nature Medicine, (2000) 6/3 (257-258).
Refs: 7
ISSN: 1078-8956 CODEN: NAMEFI
COUNTRY: United States
DOCUMENT TYPE: Journal; (Short Survey)
FILE SEGMENT: 004 Microbiology
026 Immunology, Serology and Transplantation
037 Drug Literature Index
048 Gastroenterology
052 Toxicology
LANGUAGE: English
SUMMARY LANGUAGE: English
AB Intestinal infections with enteropathogenic Escherichia coli are potentially devastating and difficult to **treat**. Outbreaks linked to food- borne spread of the bacteria have occurred repeatedly in the US in recent years. New approaches to neutralizing the bacterial toxins responsible for the worst effects of the disease may provide lifesaving tools for clinicians (pages 265-270).

L4 ANSWER 6 OF 1107 EMBASE COPYRIGHT 2000 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2000093702 EMBASE
TITLE: Postpartum microangiopathic hemolytic anemia: Cases of successful and dismal outcome assisted with plasma therapy.
AUTHOR: Takahashi Y.; Imai A.; Hayasaki Y.; Kawabata I.; Tamaya T.
CORPORATE SOURCE: Y. Takahashi, Department Obstetrics/Gynecology, Gifu University School of Medicine, Tsukasamachi, Gifu 500-8705, Japan. y-taka@cc.gifu-u.ac.jp
SOURCE: European Journal of Obstetrics Gynecology and Reproductive Biology, (2000) 89/2 (213-215).
Refs: 16
ISSN: 0301-2115 CODEN: EOGRAL
PUBLISHER IDENT.: S 0301-2115(99)00218-3
COUNTRY: Ireland
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 010 Obstetrics and Gynecology
025 Hematology
028 Urology and Nephrology
037 Drug Literature Index
005 General Pathology and Pathological Anatomy
LANGUAGE: English
SUMMARY LANGUAGE: English
AB Microangiopathic thrombosis, thrombotic thrombocytopenic purpura (TTP) and

**hemolytic uremic syndrome** (**HUS**), seem to occur with certain stresses, including pregnancy. This report documents the clinical outcome with or without plasma therapy and dismal outcomes of two cases with postpartum microangiopathic thrombosis. One carried a pregnancy to successful cesarean delivery and suffered from postpartum TTP/**HUS** followed by plasma therapy-assisted recovery. Another developed postpartum TTP/**HUS** and was complicated with subarachnoid hemorrhage. Submission to plasma therapy should always be considered in a woman with postpartum microangiopathic thrombosis. 

L4 ANSWER 7 OF 1107 MEDLINE DUPLICATE 2
ACCESSION NUMBER: 2000158616 MEDLINE
DOCUMENT NUMBER: 20158616
TITLE: Thrombotic thrombocytopenic purpura during interferon alpha **treatment** for chronic myelogenous leukemia.
AUTHOR: Lacotte L; Thierry A; Delwail V; Dreyfus B; Guilhot F
CORPORATE SOURCE: Department of Hematology and Clinical Oncology, CHU La Miletrie, Poitiers, France.
SOURCE: ACTA HAEMATOLOGICA, (2000) 102 (3) 160-2.
Journal code: 0S8. ISSN: 0001-5792.
PUB. COUNTRY: Switzerland
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals; Cancer Journals
ENTRY MONTH: 200005
ENTRY WEEK: 20000502
AB Thrombotic thrombocytopenic purpura (TTP) and **hemolytic-uremic syndrome** have recently been observed in patients undergoing interferon alpha (IFN-alpha) therapy. However, the relationship between disease and therapy has not been established, essentially because of concomitant **treatment** or previous bone marrow transplantation. We present a case of TTP developing during IFN-alpha therapy for chronic myelogenous leukemia. In this case, IFN-alpha seems to be the only etiological agent. 

L4 ANSWER 8 OF 1107 BIOSIS COPYRIGHT 2000 BIOSIS DUPLICATE 3
ACCESSION NUMBER: 2000:125195 BIOSIS
DOCUMENT NUMBER: PREV200000125195
TITLE: A case of **hemolytic uremic syndrome** improved with nitric oxide.
AUTHOR(S): Kajiume, T. (1); Nagita, A.; Yoshimi, S.; Kobayashi, K.; Kataoka, N.
CORPORATE SOURCE: (1) Department of Pediatrics, Kawasaki Medical School, 577 Matsushima, Kurashiki, Okayama, 701-0192 Japan
SOURCE: Bone Marrow Transplantation, (Jan. 1, 2000) Vol. 25, No. 1, pp. 109-110.
ISSN: 0268-3369.
DOCUMENT TYPE: Article
LANGUAGE: English
SUMMARY LANGUAGE: English
AB **Hemolytic uremic syndrome** (**HUS**) after transplantation is difficult to **treat**, and there is no consensus regarding optimal mode of **treatment**. We attached transdermal isosorbide tape as a nitric oxide (NO) donor to patients with **HUS** after bone marrow transplantation (BMT). This was very effective in ameliorating the hemolysis and increasing platelet numbers. We report here the successful use of an isosorbide in a patient with **HUS** after transplantation.

L4 ANSWER 9 OF 1107 EMBASE COPYRIGHT 2000 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2000105189 EMBASE

TITLE: Escherichia coli O157:H7; An economic assessment of an outbreak.
AUTHOR: Roberts J.A.; Upton P.A.; Azene G.
CORPORATE SOURCE: Dr. J.A. Roberts, Health Services Research Unit, Department
Public Health Policy, London Sch. Hygiene Tropical Med., Keppel Street, London WC1E 7HT, United Kingdom
SOURCE: Journal of Public Health Medicine, (2000) 22/1 (99-107).
Refs: 11
ISSN: 0957-4832 CODEN: JPHME
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 004 Microbiology
006 Internal Medicine
017 Public Health, Social Medicine and Epidemiology
036 Health Policy, Economics and Management
LANGUAGE: English
SUMMARY LANGUAGE: English

AB Background. The aim of the study was to assess the impact of an outbreak of Escherichia coli O157:H7 that occurred in 1994 in a rural community, with a population of approximately 107,000, to the west of Edinburgh. Methods. The impact of the outbreak was assessed during the acute phase of the illness and in the subsequent 12 months. The method involved three surveys of confirmed cases using general practice notes, hospital records and interviews with cases. Key persons involved in the investigation and control of the outbreak were also interviewed. The impact of the illness on cases and their families was estimated and the resources used to **treat** cases and to control the outbreak were costed and long-term costs projected. Results. There were 71 cases whose ages ranged from 7 months to 84 years. The mortality rate was 1.4 per hundred cases. There were 10 cases of haemolytic uraemic syndrome (**HUS**) and one case of thrombotic thrombocytopenia purpurpa (TTP). Two children were on long-term dialysis. Co-morbidity involving the immune system was associated with hospital admission. The illness lasted on average 6.9 weeks. Twenty-six per cent of cases reported symptoms 12 months later. The average cost per **HUS** case was .pnd.62,353, the TTP case cost .pnd.21,422, non-**HUS** and non-TTP cases cost .pnd.1030. The costs of investigating and controlling the outbreak were .pnd.171,848. The costs of cases projected over 30 years were .pnd.11.9 million, or .pnd.168,032 per case. Conclusions. The impact on the health of cases was considerable and the costs were high. Every effort should be made to prevent the disease and to identify and control outbreaks quickly.

L4 ANSWER 10 OF 1107 EMBASE COPYRIGHT 2000 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2000137099 EMBASE
TITLE: **Hemolytic uremic syndrome**:
Recurrence after renal transplantation.
AUTHOR: Lahlou A.; Lang P.; Charpentier B.; Barrou B.; Glotz D.; Baron C.; Hiesse C.; Kreis H.; Legendre C.; Bedrossian J.; Mougenot B.; Sraer J.D.; Rondeau E.
CORPORATE SOURCE: A. Lahlou, Service de Nephrologie A, Hopital Tenon, 4 rue de la Chine, 75020 Paris, France. nila@altavista.net
SOURCE: Medicine, (2000) 79/2 (90-102).
Refs: 42
ISSN: 0025-7974 CODEN: MEDIAV
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 006 Internal Medicine
028 Urology and Nephrology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English

AB **Hemolytic uremic syndrome** (**HUS**) is

an uncommon cause of end-stage renal failure in adults, and few data are available concerning the outcome of renal transplantation in these patients. We conducted this retrospective multicentric study to appreciate the outcome of adult renal transplant recipients whose primary disease was **HUS**. Sixteen patients, transplanted between 1975 and 1995, were included in the study. In each case, initial diagnosis of **HUS** was documented by a kidney biopsy. These 16 patients received a total of 25 allografts: 1 graft for 9 patients, 2 grafts for 5 patients, and 3 grafts for 2 patients. Nine patients (56%) developed definite clinical and pathologic evidence of recurrence on at least 1 graft. Four additional patients (25%) demonstrated only some clinical or pathologic evidence of recurrence which could not be distinguished from acute vascular rejection. Three patients had no sign of recurrence of the initial disease. The 1-year graft survival rate was 63% and the 5-year graft survival rate was 18.5%. In the group of patients with proven or possible recurrence (n = 13), the 1-year and 5-year graft survival rates were 49% and less than 10%, respectively. The recurrence was an early event, occurring before the end of the first month after transplantation in half the cases. The recurrence rate was 92% in non-nephrectomized patients and 50% in patients with bilateral nephrectomy. In the literature, 71 adult patients with primary **HUS** had received a total of 90 kidney grafts. Among them, 54% had a recurrence on their graft, which was diagnosed in 52% of the kidney transplants. It is noteworthy that when data from the literature are pooled with our results, the rate of recurrence appears to be significantly lower in binephrectomized patients than in patients with their native kidneys at the time of transplantation (5 of 14 versus 27 of 35 patients, respectively, p = 0.0155). By univariate analysis, no other risk factor for recurrence could be identified. **Treatment** with cyclosporine A did not influence the recurrence rate. We conclude that recurrence of **HUS** after renal transplantation is a frequent, early, and severe complication, leading rapidly to graft loss. Prospective studies are needed to confirm that bilateral nephrectomy prior to transplantation decreases the rate of recurrence.

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=> L2 and Protein(w)C

L2 IS NOT A RECOGNIZED COMMAND
The previous command name entered was not recognized by the system.
For a list of commands available to you in the current file, enter
"HELP COMMANDS" at an arrow prompt (=>).

=> s L2 and Protein(w)C

L5            1 L2 AND PROTEIN(W) C

=> d l5 ibib ab

L5   ANSWER 1 OF 1  EMBASE  COPYRIGHT 2000 ELSEVIER SCI. B.V.
ACCESSION NUMBER:   96100796  EMBASE
DOCUMENT NUMBER:    1996100796
TITLE:              Coagulation disorders in cancer.
AUTHOR:             Goad K.E.; Gralnick H.R.
CORPORATE SOURCE:   National Institutes of Health, Building 10, 9000 Rockville
                    Pike,Bethesda, MD 20892, United States
SOURCE:             Hematology/Oncology Clinics of North America, (1996) 10/2
                    (457-484).
                    ISSN: 0889-8588  CODEN: HCNAEQ
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COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 016 Cancer
018 Cardiovascular Diseases and Cardiovascular Surgery
025 Hematology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English

AB Coagulation disorders are common in cancer patients. This article reviews the coagulation laboratory findings in these patients and the thromboembolic and hemorrhagic manifestations of malignancy. Among the many topics addressed are Trousseau's syndrome, disseminated intravascular coagulation, and acquired von Willebrand disease. Pathogenesis of the coagulation disorders and recommendations for **treatment** of various syndromes are discussed.